

EMPLOYER REPORTED LAYOFFS FORM



Employer Name: _____ BIN: _____

#	Social Security #:	Last Name	First Name	Middle Initial	Phone Number	Current Claim? Yes or No	Date Employment Began	Date of Separation	Reason for Separation	Hours Worked Week of Separation (Sun-Sat)	Gross Earnings During Week of Separation (Sun-Sat)
1											
2											
3											
4											
5											
6											
7											
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DO NOT PRINT THIS FORM. It will only be usable by submitting this completed form through smartsheet: smartsheetgov.com

Name of Employer Representative: _____ Title/Position: _____ Date: _____

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 El Departamento de Empleo de Oregon es un empleador/programa que respeta la igualdad de oportunidades. Disponemos de servicios o ayudas auxiliares, formatos alternos y asistencia de idiomas para personas con discapacidades o conocimiento limitado del inglés, a pedido y sin costo.